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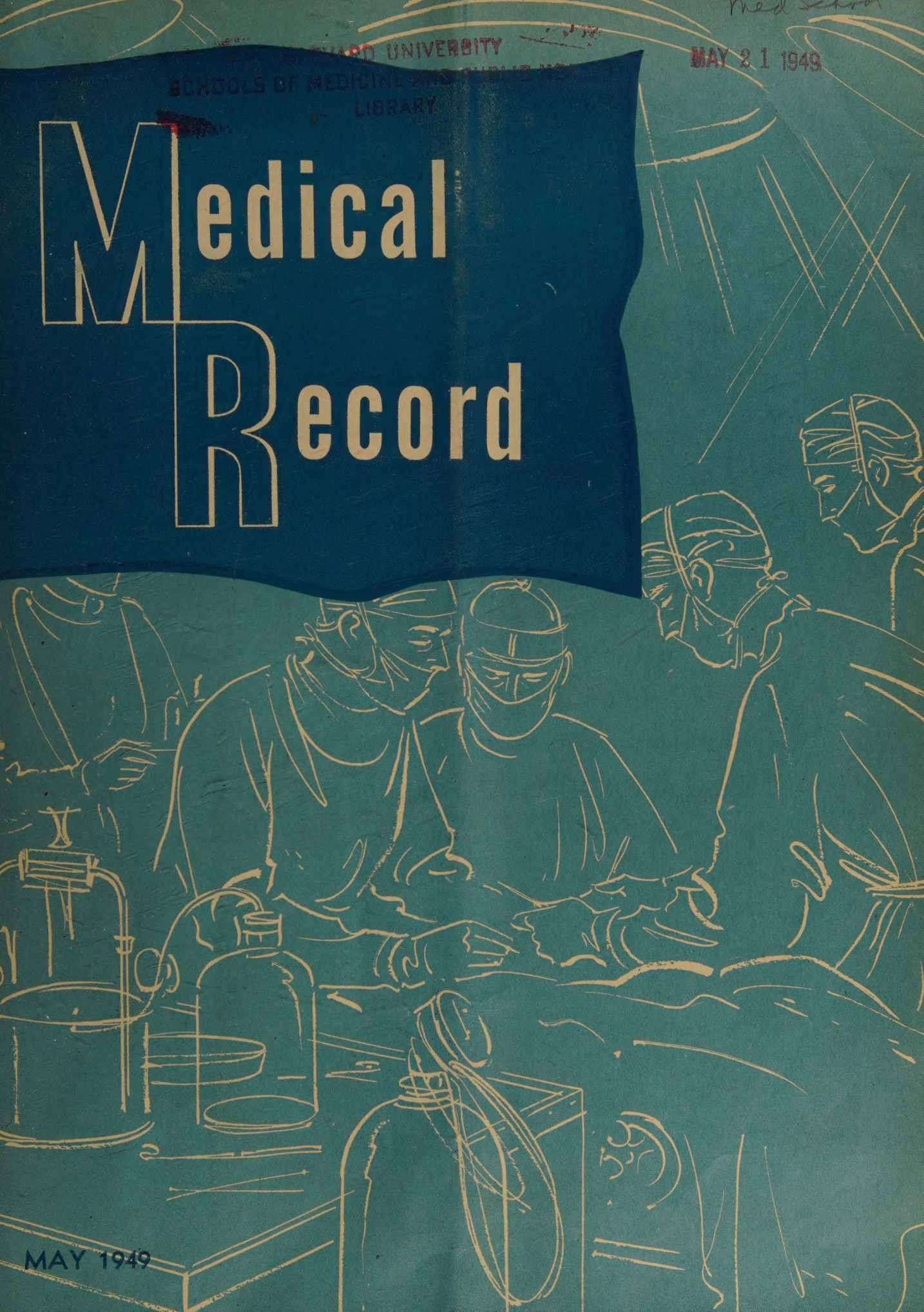

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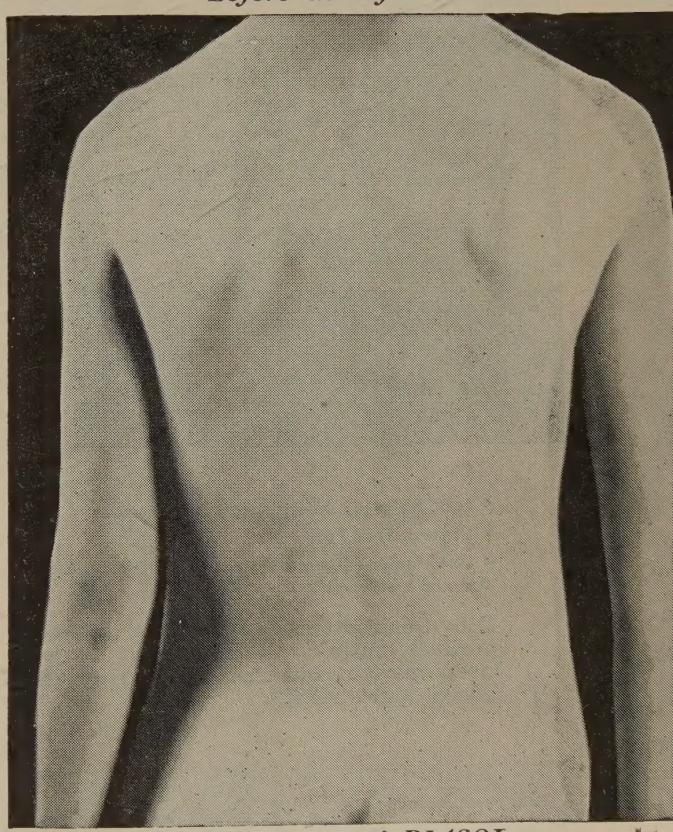

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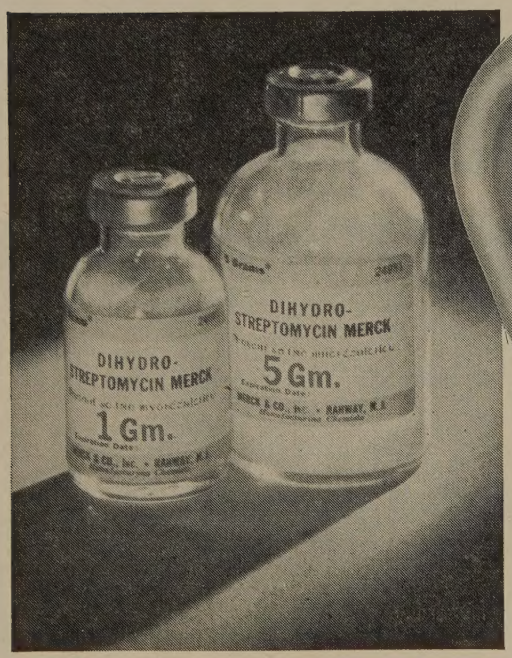

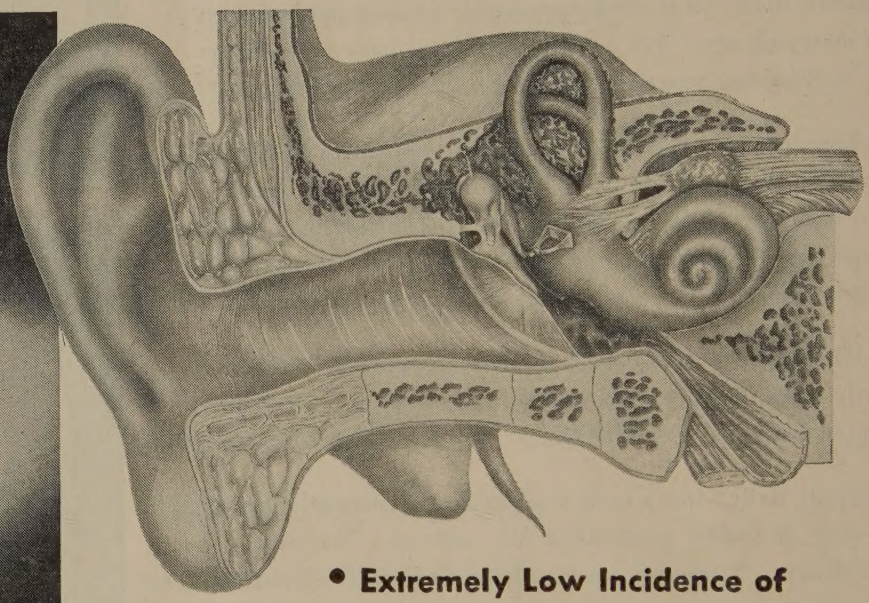

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MAY, 1949

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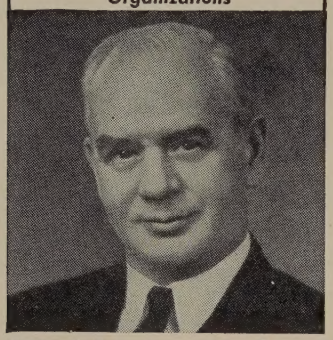

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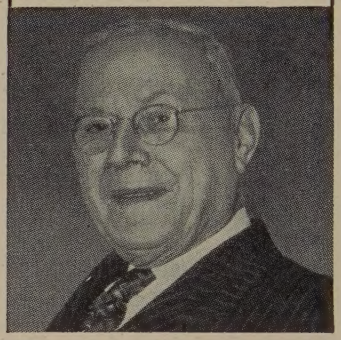

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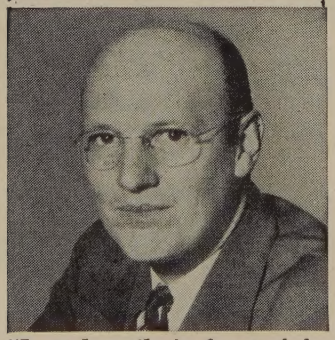

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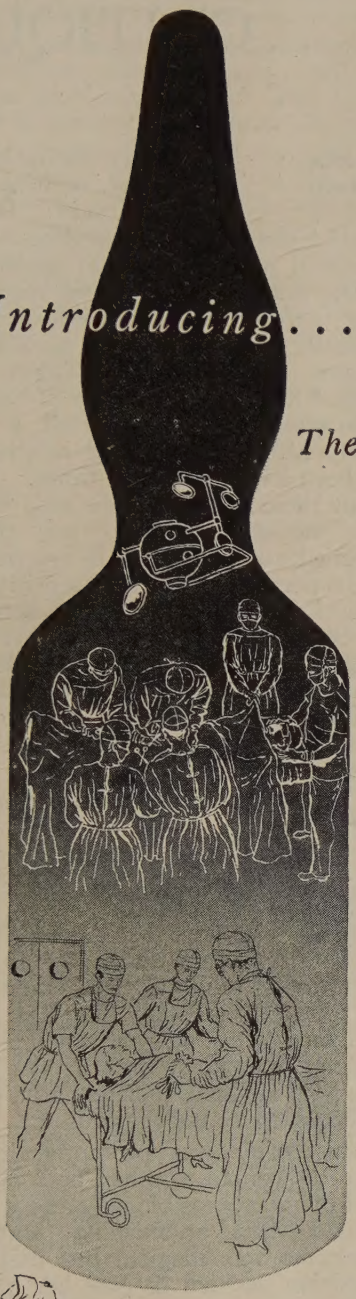

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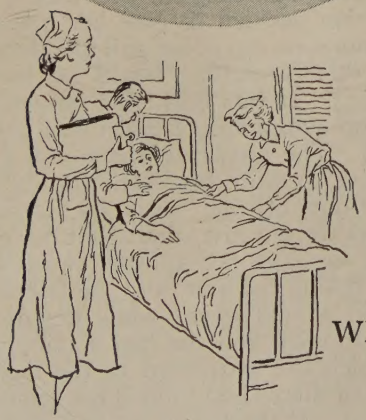

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CRITIQUE

Nervous sufferers: A very distinguished gastroenterologist, writing the Critic recently, said: "One of the things that I have become surer about every year I have practiced medicine is that persons who are close to the edge of a psychosis spend much of their time getting the damnedest syndromes which generally are completely puzzling even to consultants. They aren't puzzling to me any more because I have seen so many of them. The minute I see one of these people all I ask about is the family history, and I ask relatives if the patient has been a bit difficult at times. One characteristic about them is that if you send them 1-400th of a grain of atropine, they say they are horribly poisoned and break out in symptoms all over. At times perhaps they are sensitive, but at other times I find that whatever I send them the drug works exactly opposite to what is expected. A tenth of a grain of morphine is likely to make them want to climb the walls like a cat. After you see some of these people you get to know them well and you know that whatever drug you prescribe does them harm.

"These people have another marked characteristic: They go to some fellow whose particular pet form of hocus pocus hits their fancy and he will cure them miraculously—for a while. For instance, I remember a woman who was having 50 bowel movements a day when she went to an osteopath and got one shove on her spine which, according to him, put the vertebra back into place. Her diarrhea stopped that day and she was not troubled for over a year when she came to me. I stopped it abruptly for a similar length of time by a shot of typhoid vaccine and I'm pretty sure the effect was pure hocus pocus."

This letter was prompted by the case of a neurotic woman who had been X-rayed and examined in every possible way and with whom nothing seemed wrong organically. But she was ill; the syndrome was illogical but real. The attending physician decided to give her bile salts to "drain inflammation out of her gall bladder," on the theory that this procedure would be harmless and reassuring. It was not. She immediately began to develop symptoms of gallstones and all attendant alarm. The physician thereupon gave her a mild sedative to quite her. The results were explosive. Quite out of line with its actual physiological powers the sedative almost set her crazy. As a last resort he gave her another prescription. Shortly after taking the first dose she felt weak, paralyzed, and in a cold sweat while downtown; her heart was stopping and she had a blinding headache all of which she attributed to the medicine. After a drink of sherry had calmed her somewhat the doctor phoned. It developed he had given her thiamine hydrochloride. Draw your own conclusions.

Atomic energy and medicine: The Fifth Semi-annual Report of the Atomic Energy Commission reviews, among other subjects, medical projects under way. The cancer problem is dominant. There is also much concentration on the effects of radiation, new elements, and unfamiliar substances on human health. The Commission seeks both to prevent the harmful effects of radiation and to promote the use of isotopes for the better understanding of disease and the promotion of quicker and more accurate diagnosis. The laboratories are intensively studying the effects of radiation injury on living cells and resultant changes in cell multiplication. They look for alterations in the blood composition of workers in the various laboratories. They are also studying alterations in the bodily enzyme systems.

Beryllium is used as a moderator to slow down neutrons in nuclear reactions; this substance may also cause acute and chronic lung disease of a serious nature. Extensive studies have been initiated regarding the permissible concentration of beryllium and the prevention, diagnosis, and treatment of injury. Over 90 per cent of the hazard has already been removed as a result. The University of Rochester has developed a strong program in industrial toxicology. The possible injury to the kidneys by the element plutonium is being investigated; it now seems possible that the relatively harmless element zirconium will displace large quantities of plutonium in the body, thus eliminating it.

Work on the cancer problem is very widespread and extensive. Exposure to radiation may induce cancer. Radioisotopes may be used to trace the progress of various substances through bodily tissues and they may also be helpful in early cancer diagnosis under certain circumstances. The main lines followed are (1), distribution gratis of radioactive phosphorus, iodine, and sodium for use in cancer research; (2), the financial and scientific support of selected research projects in the cancer field; (3), the maintenance of clinical cancer research facilities at installations of the AEC; (4), the work of the Atomic Casualty Commission which includes extensive studies of the incidence and types of cancer among survivors at Hiroshima and Nagasaki. One of the most interesting fields of all is the use of radioactive elements for the early detection of cancer.

❦

Growth as weight gain: It has long been customary in nutrition experiments to value nutritive elements or diets by the growth they induce in rats. But the composition of gains in weight made by growing rats varies considerably according to H. H. Mitchell and associates. This is true even when the ration consumed, the initial weight and age of the rats, the length of the growth period, and the rate of growth are the same. It follows that different rates of growth on different methods of feeding may not indicate different nutritive effects of the rations. Consequently the weight gain of an animal—no matter how carefully the experimental conditions may be prescribed—is not a definite measure of the nutritive effect of the ration. It is subject to considerable variation due to the operation of unknown factors.

The growth secured in the rats is not the only nutritive effect of the food eaten. The larger the amount of food consumed the smaller the portion used for maintenance, muscular activity, and functions other than growth. Hence the amount of food consumed per unit gain in weight in a specified time depends on the quantity of food consumed. Indeed we might ask what is growth? A child while ill increases in over-all length or height but loses weight. Does it grow? Finally, the rat gains in weight are of varying chemical composition. Rats, so to speak, come more or less dilute!

Two rats of the same litter may gain 156 and 158 grams in empty weight in a specific time, but the dry-matter content of one may run 46.1 and of the other 33.8 per cent. The fat in the weight gained may vary from 10.5 to 22.5 per cent. The energy value per gram of rat may run from 1.65 to 3.04 calories. Such differences are commonplace. How often is this considered?

❦

Rutin: Rutin was first isolated from flue-cured tobacco and prepared for clinical experiments in June, 1943, by James F. Couch and associates at the Eastern Regional Research Laboratory of the Department of Agriculture near Philadelphia. This was an extraction-percolation process using ethyl alcohol, but the low yield and prohibitive cost of the tobacco led to a search for a more economical raw material. Ultimately buckwheat plants of certain varieties were found to be satisfactory. The present most economical and increasingly popular method of preparing rutin is by hot-solvent extraction of either fresh green buckwheat or of a meal obtained by drying and grinding the green plant; optimum harvesting conditions have also been worked out and Tartary buckwheat has been found superior to other varieties for the purpose—most manufacturers now use it. The rutin is obtained either by cold-solvent or hot-solvent extraction processes. Extraction for 10 minutes with hot 85-per cent isopropyl alcohol is recommended for the green plant since the use of cold solvents reduces yields. Dried buckwheat meal may be extracted efficiently with either cold or hot 70-to-85-per cent isopropyl alcohol although use of the hot solvent materially reduces the processing time. The crude rutin is afterward purified to pharmaceutical quality by recrystallization from boiling water using silica gel to remove the so-called red-pigment impurity.

❦

Insects and disease: The discovery that insects can spread desiese was actually made by three Department of Agriculture scientists, Theobald Smith, F. L. Kilborne, and Cooper Curtice, who showed that the cattle tick spread "Texas" or cattle tick fever. There was great opposition on the part of the Chairman, the Isthmian Canal Commission, and the Governor of Panama when Col. William C. Gorgas advanced his "crazy" theory that mosquitoes spread yellow fever in Panama. The work he undertook to clear the region of the disease was

regarded as expensive and futile. He came near being dropped several times. The only higher official who supported him was John Frank Stevens, chief engineer of the Panama Canal.

Obesity: There probably is no such thing as endogenous obesity, the laying on of fat through metabolic disturbance and regardless of caloric intake. Abnormality of the endocrine glands is often cited in rationalization as causative, and food restriction is not expected to reduce the weight of individuals suffering therefrom. But an obese person on a 2300-calorie diet which sustains his weight may not show an immediate decline on 1500 calories—or may show an immediate decline and then remain stationary some days, then abruptly decline again. The obese may refrain from losing weight by water retention while actually losing a good part of their bodily tissue. A young normal male kept in bed and fed sugar and milk could add weight while underfed—say a pound gain in weight daily while on a caloric deficit of 600 daily. At least one obese woman on 2500 calories daily, when put on a high-carbohydrate diet at 1800 calories daily, fell off in weight, but when she was shifted to a low-carbohydrate diet at the same caloric level she lost weight rapidly, then stabilized after a few days. An obese female studied by L. H. Newburgh and associates remained for 10 days on a diet at half her caloric requirements, then suffered a rapid loss of weight until the 13th day when she weighed as had been predicted. Stability for 16 days is not unusual. Water retention has been shown definitely to account for failures to lose weight in some cases by doing a water-balance experiment. Obese people do not differ metabolically from normals, as all oxidize tissues in accordance with predictions of caloric deficiency. Obesity is always caused by an overabundant inflow of energy—overindulgence, or ignorance of conditions which cause a decreased caloric requirement by reason of living a sedentary life or having a lowered metabolic rate temporarily. Then, if long-established food habits do not yield, obesity results.

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Sharp & Dohme, Inc., 640 North Broad Street, Philadelphia, Pennsylvania, announces the national release of Tronic Compound, a pleasantly flavored vitamin B-complex, amino acid preparation for dietary supplementation and vitamin B therapy.

To meet the need for an effective supplement, the Medical Research Division of Sharp & Dohme has developed Tronic Compound, which contains the natural factors of vitamin B-complex, the important minerals of calcium, potassium and manganese, fortified with the essential amino acids.

Tronic Compound is indicated in the treatment of anorexia, faulty nutrition, debilitated states, and post operative convalescence or delayed convalescence from febrile illness. Tronic Compound is also indicated for elderly persons experiencing difficulty in chewing their food properly.

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It is therapeutically reliable, does not disturb the gastric function, depress the circulatory system or habituate the patient to its use.

John B. DANIEL, INC. **ATLANTA, GA.**

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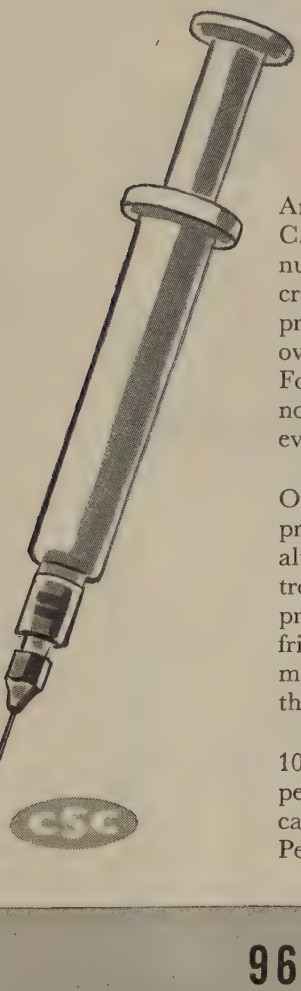

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Available at all pharmacies in economical 10 cc. size rubber-stoppered vials (300,000 units per cc.), and in 1 cc. size (300,000 units) glass cartridges for use in the C.S.C. Disposable and Permanent Syringes.

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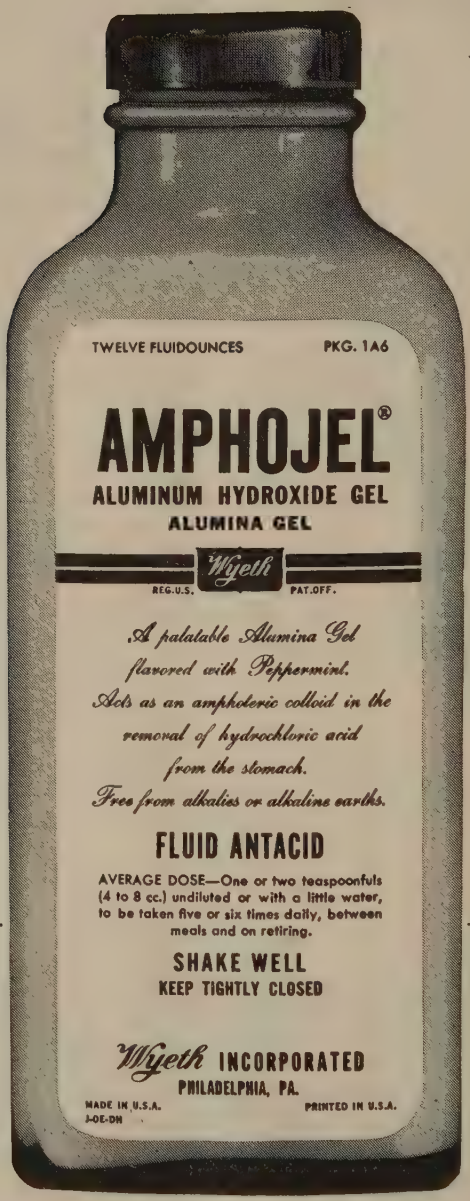
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THE TREATMENT OF MIGRAINE

EDWARD PODOLSKY, M.D.

Brooklyn, N. Y.

Migraine is and always has been a rather difficult condition to treat. It is a type of headache characterized by certain well-defined phenemona which should be kept in mind as an aid in establishing the diagnosis. Migraine headaches are associated with emotional disturbances, usually depression, in the majority of the cases. This type of headache is unilateral at some stage in about four-fifths of the cases. They occur periodically. The triad of nausea, vomiting and unilaterality is almost diagnostic of migraine. The majority of cases start in the first or second decade and few persist beyond the sixth decade. Photophobia and blurred vision are common but not characteristic. Excessive sweating and vasomotor disturbances are frequent. Less common concomitants include paresthesias, polyuria, confusion, paresis, drowsiness and ringing in the ears.

The treatment of migraine has been occupying the attention of neurologists now for many years. The first effective treatment was with ergotamine tartrate. Here is the rationale:

1. Put the patient to bed and loosen garments.
2. Darken quiet, well ventilated room.
3. Apply ice cap to area of pain.
4. Administer ergotamine tartrate.

Dosage:

Intravenous administration..0.25 mg.
Subcutaneous administration. 0.5 mg.
Oral administration..... 1–5 mg.

Keep dosage to minimum consistent with relief of patient.

Side reactions of ergotamin tartrate must be watched for. Nausea and vomiting is the rule. These may be minimized with 0.000g Gml atropine. When muscular cramps appear along the main arteries of the arms and legs massage is of value. Persistent paresthesias contraindicate ergotamine.

There are definite precautions which must be taken with ergotamine. These are: 1. No more than 0.25 mg. intravenously in one dose; no more than two such doses daily. 2. No more than 0.5 mg. subcutaneously; no more than two such doses daily. 3. No more than 11 mg. orally daily. 4. No more than two injections per week. 5. No more than six injections per month.

An improvement and modification of ergotamine tartrate, D. H. E.–45 (dihydroergotamine) is also being used in the treatment of migraine with very good results. This drug is less toxic than ergotamine tartrate. Intravenous administration usually results in more nearly immediate relief than does any other method of administration. D. H. E–45 is put up in ampules of 1 cc. and this is a sufficient dose for most persons. Two injections a day can be given safely, three to four injections also without danger. A person who has gone into status migrainicus can be given five injections of D. H. E.–45 daily for a week without any ill effects.

Histamine has also been found of value in the treatment of migraine. This drug is given intravenously. Intravenous injection of histamine base as histamine acid phosphate diluted in 50 cc. of isotonic sodium chloride solution is employed. Five or more treatments are given on successive days. The injections are given very slowly—five drops per minute—at the beginning, and the rate increased or modified according to individual response, the entire procedure taking three to eight hours or more. Blood pressure is taken every half hour and in the event of a decided drop the rate is reduced or the treatment stopped, usually temporarily. This method will give complete

relief for varying lengths of time in most cases of migraine.

In migraine in women associated with menstruation emmenin has proved of value. The usual dose of emmenin employed is 15 drops given three times a day orally administered. The medication must be kept in the ice-box or in a cool place. The emmenin could be taken in milk, orange juice or some similar liquid to cover the taste. In addition amniotin is given subcutaneously usually one to two cubic centimeters three times a week for a week preceding and the week following menstruation. Good results are obtained in most cases.

Neostigmine bromide has also been used in the treatment of migraine with satisfactory results. One 15 mg. tablet of neostigmine bromide is dissolved in an ounce of distilled water. The patient is instructed to take it three times a day, beginning with one drop and increasing by one drop each dose until he is taking ten drops three times a day. After continuing at this dosage for one week the patient drops to a maintenance dose of ten drops twice weekly and if signs of impending headache are noticed takes an additional fifteen to twenty drops.

Riboflavin medication has also been used in migraine. The patient is placed on five mg. of riboflavin three times a day. This is persisted in for several months after which the dose is adjusted to individual requirements.

Analgesics are also used in the treatment of migraine. They may be used alone or in conjunction with ergotamine tartrate or D. H. E.–45. Nicotinic acid is also a favorite of some physicians in the treatment of migraine. In some cases of migraine, the mechanism of the attack is on a vasospastic basis with a secondary vasodilation (as opposed to another type of case which is on a vasodilator basis): by giving nicotinic acid to produce immediate vasoldilation, the onset of the headache may be prevented and eventually the tendency to vasoconstriction may be overcome.

A mixture of potassium chloride and calcium lactate in capsule form has been used satisfactorily in the treatment of some cases of migraine. Each capsule contains 0.65 mg. of a mixture of 308 Gm. calcium lactate and 225 Gm. of potassium chloride. Since the medication is given orally, it is essential that the drug be given before vomiting occurs to prevent retention.

It has been observed that in patients who had received potassium thiocyanate as therapy for hypertension there was relief of concomitant migraine. Sufficient dosage of the drug is given to maintain blood levels of six to 12 mg.

Octin mucate (2-methyl-6-methylaminoheptane (2)) has also been recommended for the treatment of migraine, but up till now the results have not been promising. Another drug, hapamine, heralded as a cure for migraine has not lived up to expectations.

Migraine is one type of headache which is accompanied by a warning that it is on the way, and for that reason measures may be taken to abort the attack. An intravenous injection of ergotamine tartrate or D. H. E.-45 will often prevent the attack. In some cases the breathing of pure oxygen for an hour or two helps the patient avoid an attack of migraine. A rectal suppository of three grains of nembutal will often prove of value in stopping nausea and vomiting and put the patient to sleep off the attack. In mild cases aspirin if taken quickly will stop an attack.

Migraine is more than just a headache; it is the outward manifestation of inward tensions and conflicts. Drugs can only relieve the acute symptoms of the disease. Psychotherapy is required for more lasting relief. The psychoanalytic studies of Fromm-Reichmann indicate that subconscious hostility is a significant finding in patients with migraine. These individuals harbor a marked hostility, of which they are not consciously aware, for some person to whom they are closely attached. It has been found that quite often the migrainous patient comes from a conventional family with strong solidarity and family pride, in which aggression against one another is forbidden. If one member dares to express hostility against another, he is punished by exclusion and the fear of such punishment is enough to keep his hostilities repressed. Then, when anger is aroused and he cannot express this anger adequately, he takes it out on himself, so to speak, in an attack of migraine. Later in life any situation calling for aggression is likely to provoke the same mechanism.

The object of psychotherapy is to reduce the amount of mental stress to which the patient is subjected. This can be accomplished in a variety of ways. Advice as to mental hygiene, reassurance and the opportunity to air his conflicts and enxieties are psychotherapeutic aids which the average, well-oriented general practitioner can administer. In other cases in which the patient's mental difficulties are more severe or more deeply rooted the services of a psychiatrist are required.

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MEDICAL PARTNERSHIPS

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The recent amendment to the New York State Education Law authorizing medical partnerships is a long past-due recognition that physicians have economic as well as professional problems. Laws permitting physicians to practice medicine as partners provide solutions to a number of diverse problems and make possible a realistic approach to such matters as group medical practice, personal estate planning and tax reporting.

The organization of a medical partnership calls for the exercise of common sense and legal judgment. Because there are disadvantages in the partnership form of enterprise, it is important that there be an understanding of the legal aspects of partnership and an appreciation of the rights and obligations which attach to this form of enterprise.

TYPES OF PARTNERSHIPS

Briefly, there are two principal types of partnerships: (a) general and (b) limited or special. The distinction between these generic types is largely one of degree of liability or responsibility.

Defined in its simplest terms, a general partnership is a form of collective business or professional enterprise entered into between two or more persons, who agree, either orally or in writing, to share profits and losses. The partnership, as distinguished from the corporation, is not a legal entity existing separate and apart from its members. Fundamentally, it is, as indicated, a collective enterprise which, unlike the corporation, does not merge the personalities of the parties. Hence, the members of this collective enterprise remain personally liable for partnership debts and obligations. Concretely, where a partner, in the course of partnership business, contracts a debt or commits an act, or omits to do an act which he is duty bound to perform, the non-participating partner or partners may be held liable in damages to persons or property injured as a consequence.

In a limited partnership, on the other hand, the limited partner may be held liable only to the extent of his cash contribution. Normally, a medical partnership requires no capital and may be formed by an agreement between the parties to contribute their services equally. But in a limited partnership, service cannot be the basis for a limitation of liability. In short, the limited partner must make an actual cash contribution and must comply with State laws relating to publication and notice to the public. For example, if "A" and "B" desire to organize a limited partnership, "A" will contribute $2500 and "B" $5000. "A" will accept a limited share of the profits and his liability, assuming that he has complied with the requirements of statute relating to publication, will be limited to the amount of his contribution, namely, $2500. "A's" name may not be used in the partnership since, if it is, he will be regarded as a general partner liable, without limitation, for any claims arising out of the conduct of the partnership business. The mere fact that one partner receives a lesser share of the profits than the other or assumes a greater proportion of the losses and liabilities, by private agreement, does not convert a general partnership into a limited or special one. In other words, the partnership agreement may create disproportion in the share of profits or of losses without destroying the character of the partnership as a general one.

LIABILITY OF PARTNERS

The vulnerability of partners is necessarily multiplied by the number of partners. A physician who practices in his individual name is, of course, responsible for his own acts of misfeasance, malfeasance and nonfeasance. But he cannot be held responsible for the acts of persons other than his employees and agents. In a partnership, however, each partner is a general agent for the other partner or partners. As a consequence, the partnership as a whole is bound by the acts of any one partner in the course of partnership business. Thus, if a partner while treating a patient should be guilty of malfeasance, all of the members of the partnership are liable; if all were sued and served in an action and the partnership assets were inadequate to discharge the judgment recovered against the partnership, the personal estates of each of the partners would be liable and the claimant could pursue any single partner for payment of the full amount of the judgment or any unpaid balance.

Obviously, partners may not be held responsible for an act which is not apparently partnership business or for an act which is deemed a crime, unless there is authorization or subsequent ratification. To illustrate, if one partner were guilty of committing an abortion in violation of the law, his partners would not be responsible unless they authorized and participated in or ratified the act.

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Ratification need not be express, that is, in writing; it may be implied from the acts of the parties. Knowingly participating in the division of the fee, for example, would constitute ratification.

There are further disabilities which arise more by reason of the partnership form than by the conduct of the partnership business. If one partner incurs a personal debt, his intangible interest, namely, his share of the profits of the partnership, is subject to attachment. Although the remaining partners would not be liable to the individual creditors of the partner, the attaching lien on the partnership interest would create considerable inconvenience.

Because partners may bind one another, the relationship carries with it the highest duty of trust. Each partner is deemed the fiduciary of the others and hence cannot enjoy or secure a private or a secret profit. If several physicians organize a partnership and rent private hospital facilities under a lease and if on the expiration of the lease one partner secretly enters into negotiations to secure the premises for his own benefit, the courts will hold the lease to be a partnership lease on the theory that no one partner can secure a personal and secret benefit. Of the partnership relationship Judge Cardozo, while a member of the New York Court of Appeals said:

> Copartners owe to one another, while the enterprise continues, the duty of the finest loyalty. Many forms of conduct permissible in a workaday world for those acting at arms length, are forbidden to those bound by fiduciary ties. A trustee is held to something stricter than the morals of the market place. Not honesty alone, but the punctilio of an honor the most sensitive, is then the standard of behavior.

The Partnership Contract

The recitation of the dangers inherent in the partnership enterprise is deliberate. It is designed to point out the need for careful selection of colleagues in the organization of a partnership and of clear and explicit statement, in writing, of the rights and obligations of the partners. While partnerships may be organized orally, a written contract is obviously preferable. The contract will not only provide for the extent and proportion of shares in profits and losses but other special arrangements. Where one partner will render extraordinary services to the partnership, specific provision should be made for additional compensation since, in the absence of such provision, a partner is not entitled to special compensation for services even if they are extraordinary. The only exception to this rule is that reasonable compensation will be granted to a partner for his services in winding up the partnership affairs.

Once the partnership agreement is entered into, a partnership certificate must be filed in the county in which the partners do business. Failure to file a certificate violates the penal law of the State of New York.

One cautionary note must be added with respect to the pooling of fees in workmen's compensation cases. Fees may be shared in workmen compensation cases only to the extent permitted by the Workmen's Compensation Law and no private agreement is effective to alter the statutory scheme.

Advantages of Partnership

The advantages of the partnership enterprise are more extensive than the disadvantages. For convenience, these advantages are grouped into two broad categories: (a) those which exist during the life of the partnership and (b) those which occur upon the death of a partner.

Clearly, partnership organization permits the combination of many skills and makes available additional capital for such enterprises as the maintenance of a private hospital or the conduct of a group medical practice. Physicians in the same field of medicine or in successive tiers of medical specialization may join together and thus substantially augment their incomes. Economic statistics disclose, generally, that partnership income exceeds the income of individual enterprises. Obviously, the combined efforts of two or more persons will result in income directly attributable to the work of each member, and the partnership, as a whole, will attract a certain amount of additional clientele. Secondly, the partnership provides a certain measure of freedom for the individual members. It is no longer necessary for the physician who wants to take a vacation or to engage in research work for a given period of time, to abandon his practice or to turn over his patients to another physician. The continuity of partnership practice makes possible the care and attention of patients who have been treated in the past by individual partners.

Perhaps most significantly, the partnership forms makes possible an adequate personal estate program and realistic income tax planning.

Professional men, unlike business men, rely exclusively on insurance for the protection of their families. It is supererogation to point out that the business of a physician terminates with his death and there is no way of perpetuating the clientele of the deceased physician for the benefit of his widow and family.

The partnership agreement, however, may make make provision for a continued payment for a fixed period of time to the widow. In its simplest form, a specific agreed price may be placed upon each partner's contribution to the partnership and that price will be paid upon death of any one party. A complete and adequate partnership agreement should establish a price and, perhaps, provide for so-called "partnership insurance" to discharge the obligation assumed under the agreement without imposing a burden upon the surviving partner or partners. The partnership agreement must be so drafted that complications in estate tax problems will not be generated.

The tax benefits of partnership are perhaps best illustrated by the following comparison between the tax burdens of individuals and partners.

NET INCOME	PARTNERSHIP TWO EQUAL PARTNERS	INDIVIDUAL
$ 5,000	$ 969	$ 1,045
15,000	3,477	4,493
25,000	6,868	9,642
50,000	19,285	25,479
100,000	50,958	63,954
1,000,000	816,568	840,579

The difference in tax rates arises from the fact that under our laws income taxation is based upon the principle of graduation as the income rises. The splitting of income results, accordingly, in reduction of the taxable base and hence a lowering of the net income. A partnership, unlike a corporation, reports all of its income as received by the partners, even though they do not withdraw the full amount of the partnership earnings. Thus, if the partnership earns $25,000 each partner will be deemed to have received $12,500 even though each of them actually withdrew $7,500 within the tax year. Although a partnership is not deemed to be a taxpayer, the partnership does have its own tax year and the individual partner is required to report only that income which is earned by the partnership in his own tax year. To illustrate, if a partnership is organized on July 1, 1949, its fiscal year will run from July 1, 1949, until June 30, 1950. On December 31, 1949, each of the individual partners will report only the income each earned for the period from January 1 to June 30, 1949, and in December 31, 1950 each of the partnership will report only that income which is earned by the partnership between July 1, 1949 and June 30, 1950. In short, a portion of income for tax purposes is postponed. Ultimately, it must be paid, but there is a marked trend towards a reduction in tax rates and a benefit may subsequently accrue to each of the partners by this postponement of tax liability.

Dissolution of Partnerships

A partnership, like all contractual arrangements, is terminable on various grounds. It is dissolved upon the death of a partner; by an act of a partner in violation of the partnership agreement; by the bankruptcy of one partner; the termination of a definite term provided for in the agreement; upon the fulfillment of a particular act specified in the agreement; or upon the express agreement by the parties to terminate the partnership before the time set in the agreement.

On dissolution, an accounting is had between the partners and, after all debts are paid, the capital contribution of each party is returned; thereafter profits are shared in the proportions provided for in the agreement. The principal problems arising out of dissolution occur in connection with the death of a partner. On the death of one partner, the survivor becomes the legal owner of the assets of the partnership and the representative of the deceased retains an equitable interest in the distribution of any surplus remaining after the payment of partnership debts. Under our law, the survivor continues as a trustee of the deceased's share. In the absence of an agreement, there is no right on the part of the estate of the deceased to participate in any future fees even though these were earned as a result of the treatment of patients who were formerly the patients of the deceased partner. To this general rule there is one exception: if the survivor continues the business without an accounting to the estate, he is liable not only for the deceased's share as computed at the date of death, but for all profits of the partnership earned thereafter which are attributable to the value of the deceased's share. Obviously, in a medical partnership, where service rather than capital is the income producing factor, the value of the deceased partner's share is not likely to contribute to the future earnings. However, if the medical partners engage in any other partnership activities such as the operation of a private hospital or the purchase and sale of stock or participation in a business not related to the practice of medicine, this principle applies.

Since the partnership is like the marriage relationship, a partnership interest may not be transferred without the consent of the other partner or partners. An attempt to transfer does not terminate the partnership automatically, but the transferee has no right to insist upon participation in the partnership business

Finally, the law now permitting physicians to engage in practice of medicine as partners, opens the door to group medical practice and the combination of various skills, the operation of private hospitals and the conduct of private research under a flexible method

If one word of caution need be added, it would be to emphasize again that the partnership is not an unmitigated blessing. The organization of a partnership requires care in the selection of partners almost equivalent to the care one exercises in selecting a spouse. In the organization of the partnership the physician is well advised to seek the counsel, guidance and advice of his own attorney.

THE RELATIVITY OF THE DEGREE OF DISEASE

Its Diagnostic Significance in Diseases of Organs of the Upper Abdomen

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Considered objectively the word "Disease" comprises all those cognizable disorders that signify a variation from established physiologic rules in the function of the human body. These changes in performance of bodily actions on which a state of disease is diagnostically formulated are concentrated in symptoms. If they are clearly demonstrable, if they comply with the classical picture that medical science has established there will rarely happen an error in classification of the disease. If tubercle bacilli are found in the sputum then the case certainly is one of pulmonary tuberculosis, and if urinalysis reveals dextrose in the urine diagnosis of diabetes mellitus can be safely made provided the patient offers all other symptoms related to this disease.

Greatest diagnostic difficulties are often encountered in those cases presenting indeterminate complaints indicating a probable pathologic condition. But even if very thoroughly examined these patients show but few objective symptoms which do not lead to a correct conclusion, the true "causa."

To improve this situation it is deemed necessary to introduce new concepts as basis for diagnostic deliberations. If the symptoms—as already stated—are in accordance with scientifically established diagnostic criteria it concerns a disease the degree of which is "absolute" already. Before it is reached a shorter or longer period may elapse during which there is a degree of disease which must be called "relative." To recognize and evaluate it correctly must be the main task of the examination and the following explanation is an attempt at aiding in this direction.

In the beginning of its development a disease is always only "relative" in reference to its own degree. Although the derangement already exists "absolutely" in its initial stage the symptoms are mostly so vague that it is impossible to prove its presence. Therefore, it is to be concluded that the relative degree of disease is decisive for diagnosis. As soon as this relative degree is approaching the absolute level identification of the physical disorder will not cause any difficulties. This concept is only of slight advantage in those cases being accessible to inspection provided it is possible and thought of. But these considerations are of greater value for diseases of internal organs especially those of the abdomen.

The organs of the upper abdomen—liver, stomach, spleen and pancreas—are of particular importance to the general physical condition. Apparently the liver is the most essential of all being entitled to this role on account of its size and weight surpassing any other organ in these respects. All four are producing more or less specific substances, and it was already reported (1) that there must exist a close connection between the organs of the upper abdomen and the blood picture.

Which factors does the regular function of the abdomen considered as an integral organ depend upon? There are two of decisive significance: (1) the organs of the upper abdomen must be in regular physiologic condition, they must be "normal," (2) the supply of food must comply with requirements of the body, i. e., it must be of good quality, thoroughly prepared and well balanced containing in sufficient quantities all those nutrients which according to results of modern nutritional research are needed to prevent a state of deficiency.

Dysfunction in organs of the upper abdomen can develop from endogenous or exogenous causes. As soon as one organ, e. g., the liver is even only slightly relatively diseased it must be supposed that the normal process of digestion of the supplied food will be disturbed. But should such a condition be restricted to the liver only? Is it not to be assumed that the other abdominal organs will change their function too? How do they proceed? Does the stomach really act first, then the liver and spleen, thereafter the pancreas and finally the intestines? Does not a simple physiologic deliberation show that all organs of the upper abdomen must work together and simultaneously produce the specific substances necessary for normal digestion? As a matter of fact, the stomach empties its contents by regular intervals into the duodenum—they therefore must function together. At the papilla of Vater, the common bile duct and the duct of Wirsung meet each other which proves that the process of digestion requires the secretions of liver and pancreas at the same time. In this

connection, there must be mentioned the innervation regulated through the vagus nerve. Its right branch supplies the liver, the right half of the stomach and the right suprarenal gland, its left branch the left half of the stomach, the spleen, the pancreas and the left suprarenal gland. It is well known that there are connections to the sympathetic and parasympathetic nervous systems. Embryology can be offered as another proof. Two weeks after beginning of gestation, there start to germinate from the intestinal tube of the human embryo small grape-like structures developing into liver, stomach and pancreas. As to the spleen, it is already found in its first stage of development near the stomach in the mesogastrium in embryos of a length of seven mm. Nothing definite is known of the cell material from which the spleen is formed. These embryologic facts also prove the intimate functional connection among the organs of the upper abdomen and help to create a new diagnostic foundation for them.

There is no State so totalitarian as the human body. How, otherwise, could it be able to solve its tasks so perfectly day after day if it would not be ruled by one supreme will? Here, too, the best example is the abdomen. Although man by himself is unable to influence digestion the abdominal organs perform its complicated mechanism so faultlessly as to deliver the excreta daily, often with mathematical punctuality! But what then is the regulator of the abdomen? It certainly cannot act without direction. As therapeutic experience shows it is controlled by specific substances which produced by its large organs must maintain a definite relation among themselves if there is to be satisfactory function. The transversely striated muscles receive the order for action through nerve paths via the brain. The human being may perform any bodily move he wants to by means of these muscles. The will of the abdomen are its specific substances. They are bringing about via the pituitary gland, the hypothalamus and its surrounding area the impulse directing the abdomen and thus coordinating the functions of the different organs. The stimulus for the transversely striated muscles is the human will, the stimulus for the organs of the upper abdomen is their specific substances produced by them. If the abdomen is in "normal" condition it is able to extract from proper food those substances being required by the body. This body then is in a balanced state of metabolism. The situation changes the moment when even some slight relative disturbance occurs. Very often the cause is a deranged abdominal organ in particular the liver. Observations over years have shown that most patients with complex gastrointestinal complaints suffer from dysfunction of the liver. But these findings come also true in cases concerning diseases not affecting the abdomen directly as, e. g., in more severe cases of pulmonary tuberculosis or thyrotoxicosis. This diagnostically so important problem deserves further clarification.

Here, it is necessary to refer to concepts having been previously explained and published: the hepatoendothelial and hepatoepithelial system (HNS and HPS) (1). The HNS comprises the endothelial parts of liver, spleen and bone marrow, while the HPS consists of the epithelial parts of liver, stomach, pancreas and intestines. Both systems are to be enlarged by the suprarenal gland the innervation of which is also supplied by the vagus nerve as mentioned above. According to these new concepts, the HNS is said to direct the white and the HPS the red blood picture. It was furthermore stated that in case of relative lymphocytosis (above 30 per cent) or relative lymphopenia (below 22 per cent) the HNS and especially its principal organ the liver is supposed to be affected.

If there exists a close connection between blood picture and abdominal organs this fact should be of value in diagnosing abdominal diseases especially those of low relative degree. Patients with such indeterminate complaints as to make definite diagnosis impossible showed in fasting condition relative lymphocytosis assuring involvement of the liver. Then, it was necessary to determine whether the disease was truly abdominal or the liver was secondarily affected. Since the HNS represents the protective system of the body and any infection—the acute as well as the chronic one—will above all affect the liver endothelium, the origin, e. g., of postinfectious lymphocytosis seems to be satisfactorily explained. Therefore, an infectious disease should only be considered clinically cured if lymphocytosis has disappeared from the blood picture. On the other hand, lymphocytosis in cases of tuberculosis or thyrotoxicosis has no other significance. Here also the increase in lymphocytes is accomplished by the HNS compelled to perform perpetual detoxication in these patients. In contrast, in cases of syphilis lymphocytosis is found at the beginning only, the blood picture of later stages showing lymphocytes within normal range. Different values would mean an involvement of the liver.

If the HNS is said to direct the leukocytes there will have to be submitted proof that their most extreme disturbances—agranulocytosis and leukemia—can be favorably treated by the supply of specific substances from those organs representing the system. The successful treatment of a case of agranulocytosis was already reported (2). The following brief report concerns a case of lymphatic leukemia subjected to the same kind of therapy.

L. M. Male. Age: 54

As child only measles. At the age of 24 years syphilis. Several courses of antisyphilitic treatment. Serologically always negative. In February 1935, lymph nodes started to swell. Antisyphilitic treatment without avail. In February 1936, X-ray treatment with prompt success. One month later, severe relapse. Appetite and sleep poor.

Findings: Patient of medium height. General condition: debilitated. Weight 55 kg. All palpable lymph nodes extremely swollen, forming large tumors, especially on left side of neck which can scarcely be moved. Walking extremely difficult.

Liver: hard, enlarged by one finger. Spleen: palpable, hard.

Urine: Albumen: neg. Sugar: neg. Urobilinogen: increased.

On July 15, 1936, treatment with Pronor was started.

7/17/1936—Appetite and sleep improved, neck easier.
7/18/1936—Lymph nodes, especially on right side of neck, smaller.
7/20/1936—Lymph nodes, also those on left side of neck, obviously smaller.
7/22/1936—Inguinal lymph nodes also smaller. Lymph nodes on left side of neck flattened, on right side completely flat.
7/28/36—Lymph nodes on left side of neck definitely smaller and softer. General condition satisfactory.

Patient received 43 injections from July 15, 1936, to August 31, 1936. At this time, treatment had to be discontinued for external reasons.

Leukocytes and differential count showed the following course:

1936	Leukocytes	Segmented Neutroph.	Eosinophiles	Lymphocytes Small	Lymphocytes Large	Monocyt.
7/11	43.000	5.2	0.8	91.6	2.4	...
8/ 1	26.000	6.6	0.4	87.6	3.2	2.2
8/22	24.000	7.0	...	93.0	...	...

These figures submitted by an experienced hematologist show a remarkable reduction in the amount of leukocytes while the differential count did not change at all. It is obvious that the case was not cured but the result might have been different if the patient would not have had X-ray treatments and the injections would have been administered up to three times daily instead of once as happened to be the case. However the reduction in the size of the lymph nodes and especially the improvement in the general condition of the patient mean that this treatment with substances from organs of the upper abdomen favorably influenced lymphatic leukemia.

Another proof can be offered for the assertion that the number of lymphocytes is dependent on the HNS and especially on the condition of the liver. In cardiac cases with decompensation engorgement of the liver indicates a severe dysfunction of this organ. Clinical observation of three cases has shown that the amount of lymphocytes correspond with the relative degree of liver disease. Report on these cases follows:

1. B.M. Female. Age: 44 years

In 1934, operation for hernia in spinal anesthesia. Since then, cardiac condition aggravated.

Heart: Strong pulsation visible. Apex beat extended, in fifth interspace. Outlines: enlarged to the right and left by one finger. Sounds: Soft systolic murmur at apex. Other sounds light and clear. Sinusrhythm. Pulse, very weak, 90. BP. 130/90. X-rays: Heart in inclined position, enlarged to the left, apex very round, pulmonary arch bulging. Action weak.

Therapy: Strophantin and glucose injection intravenously. Later on, Folinerin, 20 drops t.i.d. (Digitalis-like substance, manufactured by Schering Corporation, Berlin, Germany.)

There was severe engorgement of the liver. In spite of the treatment patient did not improve. The white blood count confirmed this finding.

1936	Leukocytes	Neutrophiles Polymorph.	Neutrophiles Segment.	Eosinoph.	Basoph.	Lymphoc.	Mono.
2/27	9.200	12	71	...	...	12	5
3/14	8.800	6.5	78.5	1.0	1.5	9.5	3

The engorgement of the liver caused severe dysfunction of this organ as expressed in relative and absolute lymphopenia on 2/27/36 and 3/14/36. Accordingly, there was no change in the condition of the liver.

2. S. A. Female. Age: 55 years

Was already admitted in November 1935. At that time, dyspnea, ascites, engorged liver, slight edema of legs. Recently again decompensated.

Heart: enlarged to the left. Systolic and diastolic murmur at apex. Pulse 140, soft. Absolute arrhythmia. EKG: Auricular fibrillation. Coronary insufficiency.

Abdomen extremely distended. Anasarca, ascites. Venous configuration on abdominal wall. Legs cyanotic. Hard edema of lower legs. At first, patient was treated with 20 drops of Folinerin t.i.d., and intraperitoneal injections of salyrgan. However, her condition only improved when twice five liter of serous fluid were removed by puncture on 4/2/36 and 4/7/36. The white blood counts exactly confirm this course.

1936	Leukocytes	Neutrophiles Polymorph.	Segment.	Eosinoph.	Basoph.	Lymphoc.	Mono.
2/28	8.000	9	75	...	0.5	13.5	2
3/13	8.900	4	73	0.5	1.0	14.0	7.5
3/23	5.700	6	70	1.0	...	18.5	4.5
4/10	7.800	3	60.5	1.0	...	23.0	2.5

These figures nearly speak for themselves. Corresponding with normalization of the white blood count the liver was reduced in size, and the general condition, especially the appetite, improved.

3. J. H. Female. Age: 43 years

Valvular heart disease already diagnosed in 1926. Is admitted with severe decompensation. Cyanosis. Dyspnea.

Heart: Generally enlarged. Diastolic murmur at apex. Absolute arrhythmia. Edema of low back and low legs. Pleuritic exudates on both sides.

X-ray findings (after compensation was achieved): Hypertrophy and dilatation of right ventricle. EKG: Auricular fibrillation. Treatment consisted of 20 drops of Folinerin t.i.d. Result was satisfactory. The white blood count again confirmed the course.

1936	Leukocytes	Neutrophiles Polymorph.	Segment.	Eosinoph.	Basoph.	Lymphoc.	Mono.
3/ 2	6.700	8	51		...	41	
3/14	4.800	2.5	48	6	1.5	36	6

The moderately severe engorgment of the liver can again be recognized by definite relative lymphocytosis. With general improvement including the liver lymphocytosis is reduced absolutely and relatively while eosinophiles appeared again. Patient was discharged in much improved condition.

These explanations should furthermore support the statement that the white blood count is of specific significance. Thus, a new method is offered by which it seems possible to diagnose diseases of organs of the upper abdomen from the blood picture, even if the relative degree of disease is very slight only. If the number of lymphocytes is found to be normal it can be assumed with certainty that the condition of the liver is normal. Relative lymphocytosis will indicate moderate or marked affection while lymphopenia will leave no doubt about the severity of the case.

The blood picture also offers the possibility of determining whether the liver is or is not involved in case of disease of the gall bladder. Here, lymphocytosis is of decisive importance too. If it is not found the affection concerns the gall bladder only but if there is a change in the number of lymphocytes, then the liver is involved. Differential diagnosis will be facilitated, the relative degree of the disease can be established, and the indication for surgical intervention more clearly defined than before. The following case is to serve as illustration.

K. B. Female Age: 25 years

Past History: Measles. Since the age of 14 years, small goitre. About six months ago, complaints about stomach, inappetence. Was given a diet and improved. One week before admission, suddenly diarrhea with pain all over abdomen. Had always trend to constipation.

Findings: Slim, moderately tall patient. Weight: 55.6 kg. Skin and visible m.m. pale. E.N.T.: normal. Oral cavity and teeth: normal. Heart: Outlines normal. Systolic murmur at apex. Second pulmonary accentuated. Sinus rhythm. BP. 125/75. Lungs: normal. Abdomen: Soft. Liver and spleen: normal. Urinalysis: neg. Stool: neg. Cholesterol: 152 mg. per cent. Wa.R. neg.

Blood count: 3/30/36		
	Erythroc..... 4.7 mill.	Leukocytes..... 7.600
	Hemoglobin....78% (Sahli).	Neutrophil..... 0
	Color Index... 0.8	Polym..... 4
		Segmt..... 62.5
		Eosinoph..... 1
		Lymphoc..... 26
		Monoc..... 6.5

Due to these findings the patient was to be discharged with the diagnosis of "gastritis" when the author suspecting cholelithiasis without involvement of the liver suggested X-ray examination of gall bladder and stomach.

3/31/36—X-ray examination of the stomach: Mucous membrane indicating gastritis and duodenitis.

4/2/36—Picture of empty gall bladder: Just above right transverse process of second lumbar vertebra shadow of calcium ring, size of small pea. Slightly below and beside same process a dark shadow of size of lentil, presumably biliary calculus.

4/3/36—Intravenous cholecystography shows calculi in gall bladder. Calculi in choledochus and cysticus. Gall bladder not visualized after fourteen and seventeen hours.

This case is characteristic as to its diagnosis. "Gastritis" would only have been a symptomatic diagnosis the true cause of the complaints being gall stones. If this condition would have continued the blood picture would probably have shown lymphocytosis as expression of the final involvement of the liver. Without the blood picture it would have been impossible to make a correct diagnosis in this case because the disorder of the stomach was so unimportant and of such short duration (less than one year) as—considered systemically—not especially to affect the other organs of the upper abdomen. However, the slight hypochromic anemia pointed to the HPS and therefore to the stomach. Primary disease of the liver, even of slightest relative degree, was to be excluded since the blood picture and above all the lymphocytes showed normal values.

The objective findings in the above reported cases warrant the following conclusions for diagnostic purposes:

As far as the most important organ, the liver, is concerned its relative degree of disease can be easily read from the blood picture. If the amount of lymphocytes is within normal range then the whole HNS is unaffected. In abdominal cases the relativity of the degree of disease parallels the lymphocyte count; a severe abdominal condition exists if lymphopenia is present.

If the red and white blood count are found to be normal it can be concluded that the function of the large glands of the upper abdomen is normal. On this observation there is based the statement that only healthy organs of the upper abdomen offer a normal plood picture. This statement allows the conclusion that diseases of the blood are secondary diseases only then it will be possible to use changes of the blood picture for diagnostic purposes in diseases of organs of the upper abdomen.

Thus, the figures of the white blood count acquire specific diagnostic significance but one condition has to be fulfilled implicitly: the blood picture must be conscientiously prepared by an experienced hematologist and its values must be absolutely reliable. Then, the described method should help to correctly diagnose diseases of the organs of the upper abdomen even of a slight relative degree with much more certainty than before.

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33 Barclay Street

ZILATONE OUT IN SMALL SIZE

Zilatone, choleretic-digestant-laxative, is now available in new 20-tablet size, while packages for all sizes have been modernized, Drew Pharmacal Company, Inc., has announced.

Prices listed are: 20-tablet package, $2.80 per dozen: 40 tablets, $4.80 per dozen; 80 tablets, $8.00 per dozen.

Drew Pharmacal Company claims that Zilatone's bile salts compound content stimulates production and improves quality of bile, which, in turn, aids fat metabolism, carbohydrate digestion, and absorbtion of vitamins A, D, and K, in addition to effecting greater intestinal motility and normal bowel evacuation.

This three-fold choleretic-digestant-laxative action is reinforced by a combination of pancreatin, pepsin, capsicum, nux vomica, phenolphthalein and extract of cascara.

RESMICON FOR PEPTIC ULCERS

For treatment of peptic ulcers, Whittier Laboratories, Division Nutrition Research Laboratories, Chicago 30, Illinois, now makes available Resmicon, acid adsorbent demulcent.

In one tablet, Resmicon provides 500 mg. of polyamine anion-exchange resin and 170 mg. of pure gastric mucin. Resin adsorbs and neutralizes gastric acid and inactivates pepsin. The resin is insoluble and non-alkalizing. Resin collects in the ulcer crater, reinforcing mechanical protection afforded by mucin. Its extremely low histamine content avoids stimulation of gastric juice production.

Resmicon is supplied in bottle of 84 tablets.

PERSONALS

Dr. Geoffrey W. Rake has been appointed director of the Squibb Institute for Medical Research, Carleton H. Palmer, chairman of the board of E. R. Squibb and Sons, has announced. Dr. Rake's appointment follows the resignation of *Dr. James A. Shannon*, who is to take up duties as associate director in charge of research, National Heart Institute. Dr. Rake has been at the Institute since its founding as head of the Division of Microbiology. He is widely-known for his work in bacterial and viral diseases and the chemotherapy of those diseases.

The appointment of *Dr. Charles F. Kade, Jr.*, as director, Division of Medical Sciences, has been made by McNeil Laboratories. In this capacity, he will direct research and development activities of the company. Dr. Kade was director of Biochemical Research for Frederick Stearns and Company and was subsequently transferred to the Sterling-Winthrop Research Institute where he was associate member of the Institute.

Dr. Mary M. Crawford, medical director for the Federal Reserve Bank of New York, has been appointed national vice-chairman for Cornell University's $12,500,000 Greater Cornell Fund campaign. Dr. Crawford, the first woman to be named a vice-chairman for the fund drive, is a graduate of Cornell of the class of 1904 with the M.D. degree from Cornell Medical College. She has been associated with the Federal Reserve Bank of New York since 1918 and is responsible for supervision of the health of its 3,800 employes.

Dr. Arthur B. Lamb of Harvard University, editor of the *Journal of the American Chemical Society* for the past thirty years, will retire from that post at the end of 1949. Announcement of the retirement was made by *Dr. Roger Adams* of the University of Illinois, chairman of the Society's board of directors. Dr. Lamb's successor will be *Dr. W. Albert Noyes, Jr.*, of the University of Rochester, son of the editor whom Dr. Lamb himself succeeded in 1918. Both Dr. Lamb and Dr. Noyes are former presidents of the Society. Dr. Lamb will continue to serve the monthly publication as consulting editor.

Dr. J. Eastman Sheehan has been appointed sometime surgeon to the Manor House Hospital, London. Dr. Sheehan acted as observer and reporter to the Parliamentary Conference held in the Houses of Parliament in London last October.

John G. Bill has been elected vice-president in charge of domestic sales of Sharp and Dohme, Inc., Philadelphia, at their January meeting of the board of directors. Bill began his career at Sharp and Dohme in 1925 as a sales representative in the Company's New England district. He came to Philadelphia in 1937 as assistant to the general sales director. He became general sales director in October, 1947.

Dr. George M. Wheatley has been appointed third vice-president of the Metropolitan Life Insurance Company, Leroy A. Lincoln, president of the company has announced. Dr. Wheatley will be associated with *Dr. Donald B. Armstrong*, second vice-president, in supervision of the company's health and welfare activities. Dr. Wheatley has been with the Metropolitan since 1941. His services since then have dealt with the company's welfare program which involves visiting nurse service, health education, research, and cooperation with medical societies and officials and voluntary health agencies in the United States and Canada.

Dr. John W. Ferree has been named director of the Public Health Division of the American Heart Association, A. W. Robertson, chairman of the board has announced. Dr. Ferree will direct development of public health programs for the American Heart Association and will assist local heart associations in expanding and maintaining effective cardiac services in communities throughout the United States. He will supervise the Association's field staff in community organization and program development. For two years prior to his present appointment, Dr. Ferree was Associate Director of the National Health Council in New York, and earlier was director of Educational Services for the American Social Hygiene Association.

Dr. George E. Farrar, Jr., associate professor of medicine at Temple University, has been appointed medical director of Wyeth, Incorporated, it has been announced by H. S. Howard, president. Dr. Farrar will advise Wyeth management on medical affairs and collaborate with *Dr. Joseph Seifter*, director of the Wyeth Institute of Applied Biochemistry, on the medical phases of research. He will continue his post at Temple University and maintain his connection as co-author of the U. S. Dispensatory.

Dr. Edward K. Harvill has been named Director of Control of the Ernst Bischoff Co., Inc., by H. G. Terwilliger, president of the firm of pharmaceutical manufacturers. Dr. Harvill was recently appointed a vice-president and director of research.

Dr. Clayton G. Loosli, associate professor of medicine, and director of the Student Health Service of the University of Chicago, has been appointed to take charge of the Division of Preventive Medicine and Public Health in the School of Medicine, Dr. Lowell T. Coggeshall, dean of the biological sciences, announced today. In the new position, Dr. Loosli will be in charge of projects concerned with problems of preventive medicine in industrial and general health areas. He will also direct the Influenza Detection Service established at the University by the U. S. Public Health Service. *Dr. William G. Beadenkopf*, assistant professor of medicine, has been named director of the Student Health Service.

Appointment of *Dr. Harold H. Berman* as director of Willowbrook State School has been announced by Dr. Frederick MacCurdy, New York State Commissioner of Mental Hygiene. Willowbrook, on Staten Island, is the newest state institution for mental defectives. Dr. Berman has been on the staff of St. Lawrence Hospital, Ogdensburg, since 1926 and assistant director there since 1938. He has also been serving as consultant psychiatrist at Sunmount, Veterans Administration Hospital at Tupper Lake in New York.

Dr. Bruno Puetzer, former research director for the Vick Chemical Company, has joined Schenley Industries, Inc., as assistant to Dr. E. C. Williams, vice-president in charge of research. In his new post, Dr. Puetzer will engage in pharmaceutical research and development. Before joining Vick, Dr. Puetzer was research director and assistant manager of the Winthrop Chemical Company and the Bayer Company at Rensslaer, New York.

Dr. John R. Pellam has been appointed to the National Bureau of Standards where he will be concerned with research in the Cryogenics Laboratory. He will continue his investigation of the properties of liquid helium II. Before his appointment to the National Bureau of Standards, Dr. Pellam was on the staff of the Research Laboratory of Electronics at Massachussetts Institute of Technology.

Dr. Ralph L. Nuttall has been appointed to the staff of the National Bureau of Standards where he will do research on the thermal conductivity of gases at elevated temperatures and pressures in the Thermodynamics Laboratory. Dr. Nuttall did his graduate work at Yale University where he was awarded the duPont Fellowship in physical chemistry for 1947 and 1948, receiving his Ph.D. in June of last year.

Dr. Alfred Lee Franklin, 29-year-old research scientist in the Nutrition and Physiology Research Department of the Lederle Laboratories Division of American Cyanamid Company, died recently of chronic nephritis at Cedars of Lebanon Hospital in Los Angeles. During his scientific career, 25 of his articles appeared in scientific publications. His work centered around the use of radioactive iodine in exploring the physiology of the thyroid gland. He also published studies concerning metabolism of folic acid and its conjugates, on the effect of thiouracil when used in fattening pigs and chickens, on the composition of the growth hormone of the pituitary gland.

Paul R. Burkholder, Eaton Professor of Botany at Yale University who discovered last year the mold which makes the drug, chloromycetin, in a sample of Venezuelan soil, is now starting a new project to analyze more than five thousand samples of soil from all parts of South and Central America. Chloromycetin has proven to be effective in combating typhus and typhoid fever. Now Professor Burkholder is preparing to search for new antibiotics in the soil and his assistant has started on a 15,000-mile trip throughout Latin America to collect soil samples and ship them back to the professor's laboratory at Yale. Soil will be analyzed for relationship to agriculture. Studies will be made on nitrogen-fixing bacteria and other types of microbes which might prove useful in industrial fermentations.

PROCAINE PENICILLIN G

Winthrop-Stearns Inc., 170 Varick Street, New York 13, New York, has announced addition to its catalogue of Procaine Penicillin G for aqueous injection.

It is available in a five dose vial, containing 1,500,000 units. When uniformly suspended with a specified amount of diluent, sterile distilled water, normal saline or dextrose, each cc. will contain 300,000 units of Procaine Penicillin in chemical combination with approximately 120 mg. of Procaine base.

TUBERCULOSIS TREATMENT

Dihydrostreptomycin is now available on a nation-wide basis, E. R. Squibb & Sons, 745 Fifth Avenue, New York 22, New York, have announced.

The new product is said to have definite advantages over streptomycin (of which it is a derivative) in treatment of tuberculosis. It can be tolerated longer before toxic manifestations become apparent. This is considered an advantage because streptomycin has a toxic effect on the nervous system of the patient, causing dizziness and sometimes deafness.

NEW PRODUCTS

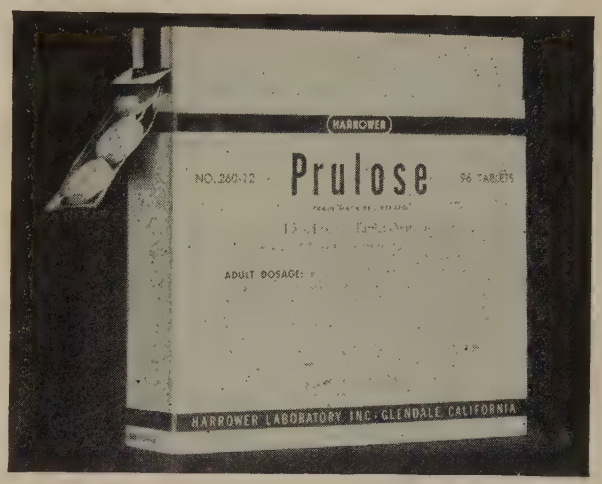
LAXATIVE PRODUCT ANNOUNCED

A new laxative product is being introduced by The Harrower Laboratory, Inc., Glendale, California.

Prulose is a new combination of two proven substances used in treatment of functional constipation. Each Prulose tablet contains 5 grains of dehydrated prune concentrate and 7.5 grains of methyl cellulose.

Dosage is three tablets, broken into segments and swallowed with one to two full glasses of water, three times daily, until normal elimination is established. Dosage may then be reduced.

Prulose is available in dose dispenser boxes of 96 tablets at the retail fair trade price of $2.49.



PAS TREATMENT

Hexagon Laboratories, manufacturers of pharmaceuticals and other organic chemicals, has appointed The Panray Corporation, 398 Broadway, New York, New York, as sole distributor of its PAS (Para Amino Salicylic Acid) to institutional and medical fields in the United States and Canada.

PAS is a new chemotherapeutic agent for treatment of tuberculosis. It has been studied in Sweden and England, and it is now being investigated by hospitals and sanatoria throughout this country.

Panray and Hexagon have also initiated trials of PAS in the treatment of leprosy, but as yet it is too early for any accurate appraisal of its worth in that field.

DETERGENT FOR SURGERY

A two-minute preoperative scrub for surgeons and nurses is provided by a new antiseptic, soapless agent known as pHisoderm-Hexachlorophene 3 per cent, Winthrop-Stearns, Inc., 170 Varick Street, New York, New York. has announced.

Product is described as a fluid emulsion containing an ether sulfate, lanolin cholesterols and petrolatum.

It is claimed that this is a non-irritating product, very rapid in action. It produces copious suds in water of any degree of hardness. It cleans and mullifies the skin at the same time. It does not form insoluble soap films which may harbor germs.

TYROSCABE FOR SCABIES

National release of Tyroscabe Solution, a new product for treatment of scabies, is announced by Sharp & Dohme, Inc., 640 North Broad Street, Philadelphia, Pennsylvania.

The antibiotic, tyrothricin, benzyl benzoate and benzocaine are the three active ingredients contained in the new preparation. Each serves a function in treatment of scabies, a contagious skin disease caused by the itch mite which burrows beneath the skin.

The agent giving relief from itching is benzocaine, a reliable local anesthetic. A clinical study reports that itching is rapidly controlled—usually within 24 to 48 hours—following use of Tyroscabe.

The ingredient which reaches the itch mite is benzyl benzoate. Only one application is usually necessary and skin irritations are reduced to a minimum.

HORMONE TABLETS

Hormone tablets permitting complete or almost entire utilization of the parenterally effective hormones through absorption from the buccal pouch of the mouth have been announced by the Schering Corporation, Bloomfield, New Jersey.

Polyhydrol has a polyethylene glycol product for a base and enables the intraoral use of hormones which were administered before only by injection. Progynon Buccal tablets are made of pure estradiol in Polyhydrol and are as effective as the injectable estrogenic product.

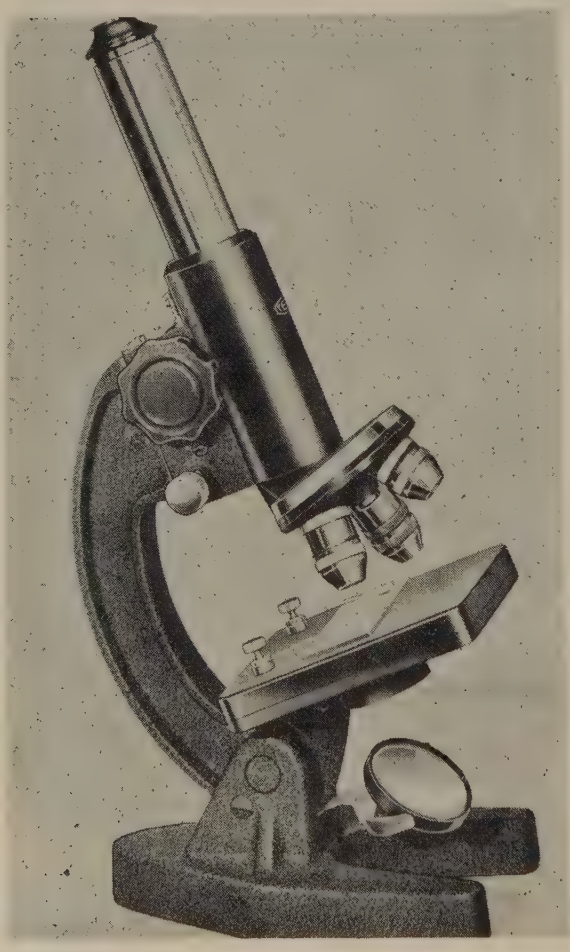
Pure progesterone, the injectable corpus luteum hormone, is available in Proluton Buccal Tablets in Polyhydrol.

PORTABLE STEAM STERILIZER

Production of new portable steam sterilizer is announced by National Pressure Cooker Company, Presto, Wisc.

Designed to give doctors, dentists and research laboratories a compact pressure sterilizer, Presto Autoclave makes it possible to sterilize medical instruments, dressings, gowns, gloves in short time. All sterilized material is removed moisture-free. Sterilizer uses only plain water in operation.

Presto Autoclave is made of aluminum for light weight plus portability and contains a stainless steel 915 cubic inch sterilizing crate and rack. A clinically accurate thermometer is available for positive temperature control at slight extra cost.



TESTA MICROSCOPE

Testa Manufacturing Company, 418 South Pecan Street, Los Angeles, California, is producing a new standard laboratory microscope at a cost of less than $100.

The Model F has a parfocal triple nosepiece and carries standard eyepieces and objectives of high resolving power. The instrument has an adjustable draw tube as well as coarse and sensitive fine adjustment by means of cam shaft in separate dovetails.

Elaborate substage featured consists of removable condensing lens and an iris diaphragm which allows critical adjustment of light reflected from the large plano and concave three-motion mirrors underneath.

It is furnished with one eyepiece and three objectives, covering a range from 100 to 600 X.

MILK FOR INFANTS

A new improved "Biolac," the liquid modified milk for infant feeding, has been introduced by the Borden Company's Prescription Products Division, 350 Madison Avenue, New York 17, New York.

Addition of new ingredients has given the Borden product increased stability, lengthening its shelf life and improving its keeping qualities.

PABALATE ON MARKET

A. H. Robins Company, Inc., a member of the American Pharmaceutical Manufacturers' Association, announces release of Pabalate.

Pabalate is an antirheumatic combining para-aminobenzoic acid and sodium salicylate in an enteric coated tablet.

PROCIPITOID RELEASED

Sharp & Dohme, Inc., 640 North Broad Street, Philadelphia, Pennsylvania, have announced the national release of Diphtheria Toxoid Protamine Precipitated, Procipitoid, a refined toxic preparation which curtails incidence of local and systemic reactions.

The following advantages are derived: (1) Local irritation and number of sterile abscesses are reduced to minimum since alum content is low; (2) Possibility of reaction is reduced to low nitrogen and bacterial protein content; (3) Antibodies produced exhibit a greater tendency to remain in the blood stream for a twelve-month period following immunization than do those resulting from use of other diphtheria immunizing agents.

Supplied in 1 cc. and 5 cc. vials, this product meets all standards of National Institute of Health.

ORGANON MARKETS PREGNYL

Organon, Inc., of Orange, New Jersey, is introducing Pregnyl, a purified, standardized preparation of human chorionic gonadotrophin, the anterior-pituitary-like principle obtained from pregnancy urine—in a new form which allows for greater flexibility of dosage.

Pregnyl is supplied in vials as dry powder soluble in 1 cc. of solvent; clear solutions of any desred therapeutic strength from 1,000 I.U. to 10,000 I.U. per cc. may be prepared by varying quantity of solvent.

Pregnyl is available for physician's use in multiple-dose vials containing 10,000 I. U. of dry powder with each package containing a 10 cc. ampul of sterile solvent.

Pregnyl therapy is indicated in the male—cryptorchidism and hypogenitalism; in the female—disturbances of early pregnancy and menstrual disorder due to defective luteal function. Dosage varies with individual patient's response.

PENALEV TABLETS

National release of Penalev Tablets, a new and more convenient dosage form of penicillin for inhalation therapy, sublingual administration, oral use in pediatrics, and use in prescription compounding, is announced by Sharp & Dohme, Inc., 640 North Broad Street, Philadelphia, Pennsylvania.

Providing 50,000 units of penicillin free of excipients and binders, Penalev Tablets are readily dissolved in water, salt solution, milk formulas and saliva. Tablets are stable, require no refrigeration and retain potency at room temperature for thirty-six months.

The technique for aerosol therapy, effective in combating upper respiratory infections, is simplified by the use of soluble tablets of pure penicillin. Tablets can be placed directly into the nebulizer without dissolving.

Suggested dosage of Penalev is one tablet per cc. of solution. Inhalations of one cc. may then be prescribed at suitable intervals.

For oral or sublingual therapy, Penalev Tablets may be given as required on the basis of 50,000 units penicillin per tablet.

Product is supplied in vials of twelve for prescription convenience. To assure retention of the tablet form and protect from moisture, Penalev Tablets are packed in rubber-stoppered vials with aluminum seal caps.

TOLSEROL ON MARKET

Tolserol, 3-ortho-toloxy-1, 2-propanediol, known in Britain under the proprietary name of Myanesin, has been placed on the market in the United States by E. R. Squibb & Sons, 745 Fifth Avenue, New York 22, New York.

Tolserol is a synthetic chemical compound which is useful in alleviating symptoms of certain spastic and neuromuscular disorders. Although the action-mechanism of the product is still a matter of speculation, the chief sites of activity appear to lie in the mid-brain and brain stem at the level of the thalamus and below, and in the spinal cord, perhaps at the internuncial neurons.

Extensive clinical investigations have shown that Tolserol can improve the condition of patients with hemiplegia, paraplegia, diplegia, parkinsonism, multiple sclerosis and amyotrophic lateral sclerosis.

Tolserol is supplied in 0.25 Gm. tablets, in bottles of 100 and 1000.

ANEMIA THERAPY

Whittier Laboratories, Division Nutrition Research Laboratories, Chicago 30, Illinois, announces production of Laurium, an oral hematinic indicated in prophylaxis and therapy of nutritional, hypochromic and secondary anemias; as adjunctive therapy in macrocytic anemias; and in avitaminoses of the B complex and ascorbic acid often accompanying anemias.

Administration with meals is suggested for dosage, wth one or two capsules daily for dietary supplement and one or two capsules three times daily (as the doctor suggests) with hypochromic anemia.

Laurium is supplied in bottles of 100 capsules.

CYLINDER CARRIERS

Syracuse Alloy Metals Corporation, 116 South Salina Street, Syracuse, New York, announces release of Samco Oxygen Therapy Cylinder for hospital, dental and physicians' use.

Cylinder has tripod construction, is automatic and has swivel caster at rear for easy steering. Chain lock prevents tank from tipping forward when loading. All parts are of electrically welded steel wall tubing.

Overall measurements are height, forty inches; length, twenty-six inches; width, sixteen inches. Capacity is for large or small oxygen cylinder.

Model No 110 has ten inch by 1.75 semi-pneumatic rubber tires mounted on heavy gage, double steel disc and spotwelded wheels. Model No. 112 has eight inch diameter by one inch clincher solid rubber tires mounted on heavy disc wheels.

BOOK REVIEWS

Cardiology

Hope in Heart Disease: The story of Louis Faugeres Bishop, M.D. By RUTH V. BENNETT, Dorrance and Company, Philadelphia. Price $3.

Dr. Louis Faugeres Bishop was one of the leading cardiologists of his day. He was born in 1864 and died in 1941 and for thirty years he contributed much to understanding the physiology, pathology and treatment of the heart. Mrs. Bennett has written a biography of Dr. Bishop which is full of interest to all physicians. Much of this story has been drawn from his diaries, scrapbooks, old family papers and his published articles and books on heart disease. The style is lively, intriguing and always holds the reader's interest. The story of cardiology from the gay nineties to the roaring forties is told in anecdotal manner. Among other things, Dr. Bishop was an early enthusiast for the popularization of medical knowledge, to the benefit of the person with a heart ailment. Mrs. Bennett's book will prove of interest not only to doctors but to the general public as well.

Speech

Give Them a Chance to Talk: By BERNEICE R. RUTHERFORD, published by Burgess Publishing Company, Minnesota, 1948.

We move about and express ourselves with our muscles. Directing and organizing muscular contraction for purposeful and useful activities such as walking and talking is a function of the brain. Cerebral palsy designates a group of related neurological conditions in which control and guidance of the muscles is impaired because of a disorder of the brain. Speech, walking and other muscular activities are faulty in the disorder. Several clinical types are recognizable, the most important being those known as the spastic, atheotic and ataxic. The terms are descriptive of the misbehavior of muscles according to the major brain area involved.

The essential fault in cerebral palsy is that the affected muscles have been released from control by the higher nervous centers. Not only is the damaged brain frequently unable to execute or guide selected motions but it is incapable of inhibiting the activity of muscles. The ceaseless, chaotic and uncontrolled movements of the limbs frequently seen in the atheotic type may render the unfortunate victim virtually helpless. While it is realized that structurally the brain cannot be repaired, its function can be improved by intelligent management. The damage is seldom total. The intellect is spared in a large number of cases.

The treatment of cerebral palsy depends upon teaching the intact portion of the brain to acquire control of muscular contraction. Familiarity with the development of the normal child is most helpful in understanding the problems of the abnormal. The acquisition of skilled motor acts follows an evolutionary design. In truly remarkable fashion the normal newborn infant progresses by way of a series of developmental patterns from plain gross movements through more complex organized activities such as turning, crawling, creeping and standing to eventual walking. The vegetative reflexes and primitive movements normally are the foundation upon which are based skillful voluntary muscular movements. The development of speech from mere sound undoubtedly follows a prescribed evolutionary process. Elementary movements of the mouth and throat muscles in chewing and swallowing are disturbed in cerebral palsy. Experience shows that the patient can be trained to acquire these pre-speech habits. The learning pace may be slower than in the normal child but the same inner drive is present, needing guidance in the brain-damaged child.

Treatment of the cerebral palsied has proven of value especially if it is applied in the younger formative years of life. In a field previously unexplored Mrs. Rutherford has made observations and developed techniques which are original. Her skillful and patient handling of the speech problem has been fruitful in opening up vital avenues of expression for children afflicted with cerebral palsy.

Heredity

Heredity: By FRANKLIN SHULL. McGraw-Hill Book Company, Inc., 1948.

This is one of the clearest expositions of heredity ever presented to students. It explains the rise of modern genetics, the nature of cells, the origin of individuals, the mechanisms of heredity and all the current interpretations of our bodily structure. The new discoveries by Beadle concerning the biochemical effects of gene mutation are presented in great detail. This enables complete unification of the concept of genetic knowledge that should be

universal in medical practice. Another important fact in human heredity is the Rh factor in the blood. All these advances are correlated in the chapter on eugenics. The population problem is considered from the standpoint of the world as a whole and the United States in particular. The book is well illustrated and a stimulating source of reading and reference.

Diabetes

The Diabetic's Handbook: How to work with your doctor. Treatment by diet and insulin. By ANTHONY M. SINDONI, JR., M.D., Chief of the Department of Metabolism, Philadelphia General and St. Joseph Hospitals, Philadelphia, Pa. The Ronald Press Company, New York. 182 pages plus an index.

An intelligent people should know something about disease, its possible causes, methods of prevention, the ravages it can produce, and what to do when it strikes. If they did, they would come to realize that disease is one of the greatest human problems, that in its ramifications it has had a potent influence on every phase of human activity, has changed the course of history more than once, and that almost no sacrifice is too great to combat it.

Life expectancy at birth in America is now said to be sixty-five years, an increase of nineteen years in less than a generation. This is a spectacular advance but the war on disease is not yet won. In the forefront of the advance thus far have been the workers on diabetes. They have not only contributed much to our knowledge of disease, but have also been among the first to teach us that since the doctor and the patient fight side by side, the latter must be fully instructed as to his course of action.

The brilliant advances which have so greatly prolonged the lives of diabetics have increased realization of the relative importance of the complications of the disease to a degree that could scarcely have been anticipated twenty-five years ago. The great killer of the American people from middle age onward is disease of the arteries which especially occurs in the form which thickens the inner layer of the coronary arteries that supply the heart muscles with blood and leads to their obstruction. The progress of this disease is greatly accelerated in uncontrolled diabetes, even to the extent that when a physician recognizes the presence of coronary disease he must ask himself whether his patient may not also have diabetes. Conversely in the diabetic the possibility of unrecognized heart disease is equally important. The practical significance of these matters lies in the fact that when diabetes is well controlled by modern methods of treatment, it is probable that arterial disease advances little, if any, more rapidly than in the nondiabetic.

Perhaps one of the arts most difficult for the physician to master is to learn to talk in such a way that everyone can understand about complicated technical subjects without departing from accuracy. Dr. Sindoni tells the thrilling story of diabetes and its management in a simple way that can be comprehended and followed by anyone able to read.

The first part of the book entitled "Questions and Answers," includes practically every pertinent question a patient, even one completely ignorant of diabetes, might ask concerning his part in the care of the disease. After he has read the simple, clear answers he is ready to proceed to the detailed sections concerning the disease and its various ramifications. He is led skillfully and by easy stages to acquire the knowledge he should possess.

Gastroenterology

Common Gastro-Intestinal Diseases: Medical evaluation and treatment of patient with Gastro-Intestinal disorders. Edited by THOMAS A. JOHNSON, M.D., Assistant Professor of Gastroenterology, Graduate School of Medicine, University of Pennsylvania. With 16 figures and four charts. Philadelphia, London and Montreal: J. B. Lippincott Co., 1948. 275 pages excluding an index. Price $7.

Management of Common Gastro-intestinal Diseases represents an attempt, on the part of the various contributors, to epitomize the results of their experiences in dealing with a selected group of the more important gastro-intestinal diseases, especially those most frequently seen by the general practitioner. No attempt was made to cover the whole gastro-intestinal field. Each article was written by an individual, alone or with collaborators who has had a mature experience with the subject. In many instances the contributors represent the most authoritative opinions in their respective fields.

The editor is responsible for the selection of the articles and the assignments to the various contributors. In the highly controversial field of gastro-enterology there is a wide divergence of opinion concerning both the nature and the treatment of disease. The editor does not agree with all the opinions expressed in the articles, and in fact, takes issue with some of the statements. He believes, however, that a frank presentation of each contributor's idea should far outweigh any attempt to insure a unity of concept in the volume. Although some of the contributions express ideas that have not yet crystallized to the point of general usefulness, a concise account of them was thought desirable.

Method of Anatomy

A Method of Anatomy: Descriptive and Deductive. By J. C. BOILEAU GRANT, M.C., M.B., Ch.B., E.R.C.S., Professor of Anatomy in the University of Toronto. The Williams and Wilkins Co., Baltimore, 1948. 800 illustrations. 812 pages and an index. Price $7.

This book, while a text-book in the usually accepted meaning of the word, is more a guide for the dissecting room and considers anatomy from the regional standpoint, and from the basis of correlation and relationship of anatomical knowledge. It stresses the functional elements of anatomical study. Towards this aim, comparative anatomy and embryology are freely drawn upon in order to elucidate the existing structure of the human body.

Many parts of this new fourth edition have been

rewritten and the text has been thoroughly revised throughout. New headings have been added and the reading of the text has been facilitated by more abundant headings and subheadings. Many new illustrations have been added; and, perhaps their clarity has been emphasized because they are all line drawings. Old drawings have been redrawn and otherwise mproved. Descriptive terms are adequately explained and practical advice is given to the student who enters the dissecting room for the first time.

Because of the regional nature with which the anatomy is described, osteology is handled along with the soft parts with which they are clothed. The bones of the skull are described separately in chapter 27 at the end of the book. A miscellaneous chapter includes the anatomy of the autonomic system, and a section which describes body types and the bodily habitus.

All in all the book is a valuable one. This reviewer, however, has the impression that it is best used in conjunction with one of the standard, conventional types of anatomies which are available. Throughout the book there is evidence that the surgical purpose is being constantly kept in mind: sections of the book are especially valuable for the orthopedist; other sections seem so for the thoracic surgeon.

Orthopedic Surgery

Handbook of Orthopaedic Surgery: Developments in Orthopaedic Surgery. By Alfred Rives Shands, Jr., B.A., M.D., Medical Director of the Alfred I. duPont Institute of the Nemours Foundation, Wilmington, Del. In Collaboration with Richard Beverly Raney, B.A., M.D., Associate in Orthopaedic Surgery, Duke University School of Medicine, Durham, North Carolina. The C. V. Mosby Co., 1948. 473 pages with a bibliography of reference material. Price $6.

This book was planned for the medical student and the general practitioner and describes the fundamental facts and principles of orthopaedic surgery in sufficient detail to convey a well-rounded knowledge of the subject. It represents the consensus of experience of many orthopaedic centers as recorded in orthopaedic literature.

This third revision includes the new developments in orthopaedic surgery which have evolved from the recent military experiences. The bibliography has been revised up to February, 1948. The few changes in the illustrations include a few clear roentgen X-ray photographs, and some of the most illustrative drawings of the first edition which did not appear in the second edition.

Following the plan of the previous editions, the subject of fresh fractures, plaster technic, and orthopaedic apparatus, as well as certain forms of treatment which are not generally accepted today have been omitted. The subject matter of the text has been divided into groups, either upon the basis of pathology, or according to regional anatomy, or because of difficulties in classification. According to the author this favors completeness of discussion without unnecessary repetition. Each topic is adequately discussed from the points of view of etiology, pathology, and clinical picture, the differential diagnosis, and the treatment.

Nose, Throat, Ear

Diseases of the Nose, Throat and Ear: By William Lincoln Ballenger, M.D., F.A.C.S., Late Professor, School of Medicine, University of Illinois, Chicago and Howard Charles Ballenger, M.D., F.A.C.S., Associate Professor and Acting Chairman of the Department of Otolaryngology, Northwestern School of Medicine, Chicago. Ninth Edition, with 597 illustrations and 16 plates.

Variations from previous editions of this classic consist in rearrangement of material, partial rewriting, and amplification of the text. Obsolete "stuff" has been discarded and new facts have been brought in. An entirely new chapter deals with "Headaches and Neuralgias of the Face and Head." Sinus headaches are discussed, also migraine for which ergotamine tartrate is recommended. There is also "histamine cephalgia." Temporal arteritis is touched upon briefly, then ocular headaches which include acute glaucoma, iritis, retrobulbar neuritis, zoster, and errors of refraction which can be remedied by lenses. Endocrine headaches are a separate entity, and so are those due to intracranial lesions. There is also psychogenic headache which falls under the now much-mentioned psychosomatic classification. Neuralgias of the face and head are often due to some ulterior condition in the sphenopalatine ganglion for which Sluder did so much to popularize anesthetization and injection of that nerve center, with some marvelous results. Some attention is paid to rhinoplasty, especially when external nasal deformity is associated with septal deviation. We know now that submucous resection may fail, at least in part, to bring relief to breathing unless the nose is properly reset in the midline. The Kelly operation of arytenoidectomy has been written by Dr. J. D. Kelly personally for this edition. The original Brian T. King procedure seems to have preceded all others. The De Graaf Woodman modification is favored by many present-day surgeons, but it is not mentioned . . . The chapter on peroral endoscopy has been revised by Drs. Chevalier L. Jackson and Gabriel Tucker of Philadelphia. The late Dr. W. L. Ballenger was the sole author of the first four editions of this standard work. The fifth and all subsequent editions have been well handled by his nephew and now by the latter's son.

Diagnosis

Medical and Physical Diagnosis: Interpretation of Findings. By Samuel A. Loewenberg, M.D., F.A.C.P., Clinical Professor of Medicine, Jefferson Medical College, F. A. Davis Company, Publishers, Philadelphia, 1948. 716 Illustrations, 39 in color. Seventh Edition. Price $12.

The first edition of this excellent work was published in 1929. Others have followed at intervals of from two to four years; the sixth came out in 1946. A gracious acknowledgment is made to "My Three Masters in Medicine,"—Anders, S. Solis-Cohen, and Thomas McCrae whose personalities have been the life blood of "Philadelphia

medicine" not only, but of the World! The changing scene in medicine makes an imperative demand for revisions of all texts. Loewenberg has done six of them and has changed the title from "Medical Diagnosis and Symptomatology" to the present "Medical and Physical Diagnosis." This is probably to distinguish the pabulum offered here from *Surgical Diagnosis*—however, from many viewpoints, the word *Diagnosis* should be sufficient, since the aim of every physician is to find out the cause and effect of human illnesses. The chapters on physical diagnosis have remained unchanged, but new material has been added to discussions of infection and immunity, and thermometric studies including the etiology of fever. Cysts of the lungs, sarcoidosis, virus pneumonia, mycotic pneumonitis, anatomy of the peritoneum, peritonitis, and the Rh factor in blood and its relation to pregnancy. The male climacteric is considered, and there are discussions of Peyronie's disease, Reiter's syndrome, Cruveilhier-Baumgarten's syndrome, Lasègue's sign, and Rivalta's test for Globulin. We are still under the seeming necessity of naming conditions, signs and symptoms after men. It is unfortunate that this is so, for such a legend tells nothing about the lesion or disability from a pathological standpoint. However, the tradition is well set in the literature, and shall probably go on interminably. The publishers have set up the text and pictures on excellent paper. The type is easily read, there is a complete index, and nothing has been omitted which might make the volume more helpful.

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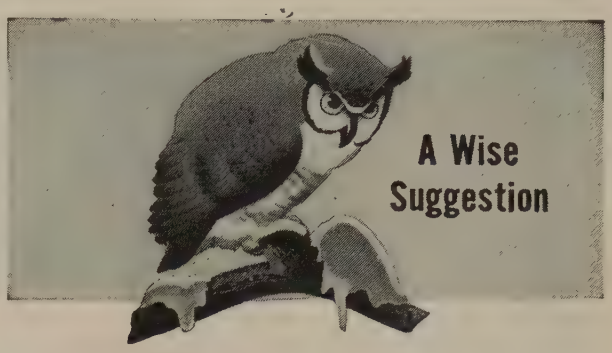

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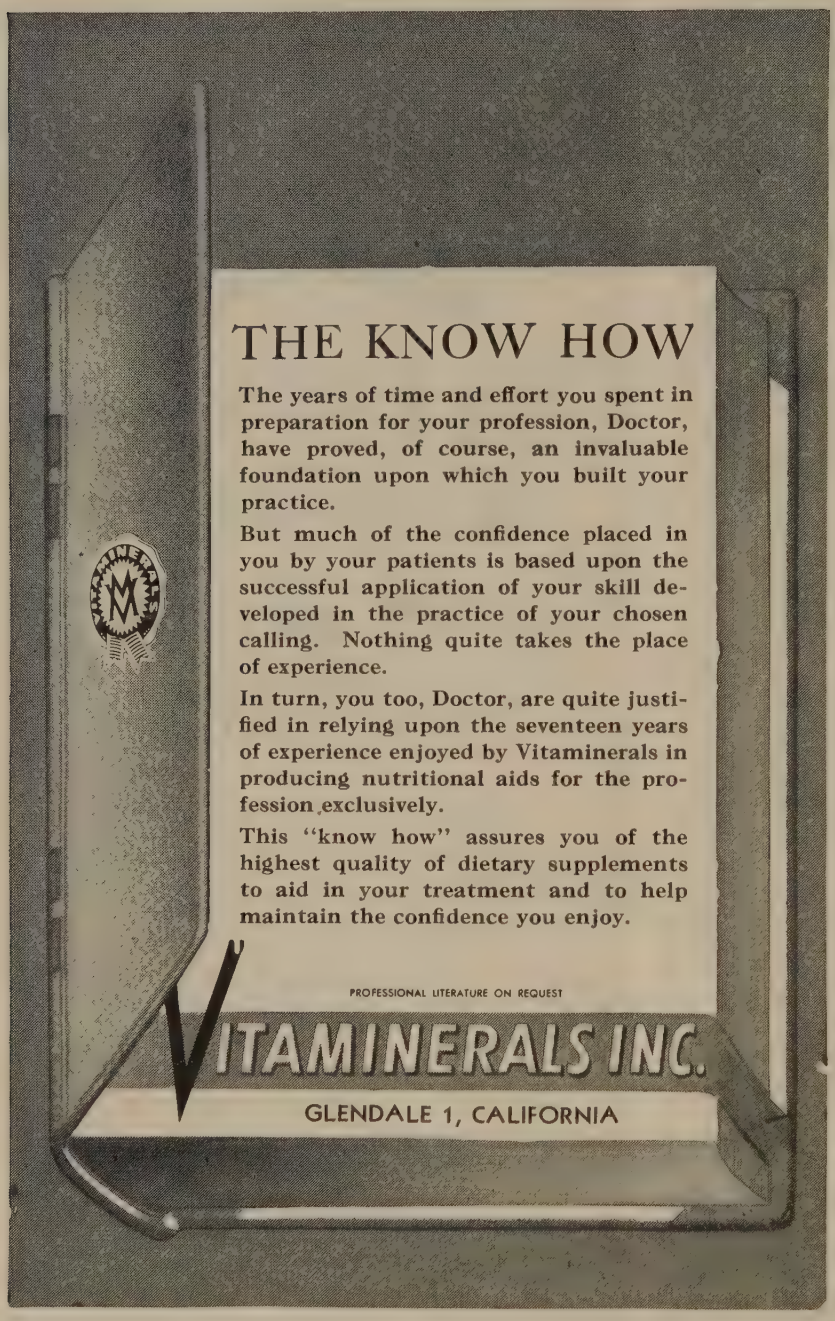
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Lip Cancer Study

The possibility that lip cancer may have a genetic background and may not be due primarily to the influence of sunlight has been revealed in an Army Dental Corps Exhibit, prepared by the Army Institute of Pathology and shown at a meeting of the District of Columbia Dental Society.

After grouping lip carcinoma records according to the patient's complexion type and place of birth, scientists in the Dental and Oral Pathology Section of the Institute have discovered that of 528 lip cancers among white soldiers of World War II, the majority of the patients were of fair or ruddy complexion.

Only nine per cent of World War II veterans with proven lip cancer had medium or dark complexions. This minority group reported nativity in every geographic quarter of the United States.

Army dental pathologists point out that the significance of complexion type as the genetic factor in cancer cannot be established conclusively until it is determined how long each patient lived in the area of his birth, the degree of exposure to sunshine and other possible causative agents. They also point out that the Army is not able to make comparable studies of lip cancer in women.

Continued study of cancer at the Army Institute of Pathology will take into consideration the patient's change of residence from one geographic section to another, altitude and other climatic conditions, as well as exhaustive clinical and histological examinations.

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1949 Schering Award

An important study, "The Metabolic Effects of the Steroid Hormones," will be the subject for the 1949 Schering Award.

Held annually, the Schering Award is conducted solely for students in the medical schools of the United States and the Dominion of Canada. The competition may be entered by preparation of manuscripts on a designated subject in the field of endocrinology. Three prominent endocrinologists select the prize winning manuscripts.

This year, cash awards will total $1800. Schering Corporation, Bloomfield, New Jersey, conducts the contest each year with the purpose of increasing student interest in endocrinology, thus adding to their understanding of the clinical problems to be encountered in future practice.

Dr. Haas Honored

Leading pediatricians and medical organizations of nineteen countries throughout the world joined a group of American laymen in honoring 79-year-old Dr. Sidney V. Haas, pioneer in celiac therapy at a luncheon at the New York Academy of Medicine on April 5.

Dr. Haas was presented with a Golden Book of Tributes containing letters praising his contributions to the science of pediatrics, especially in celiac therapy and treatment of the hypertonic infant. Presentation was made by Dr. L. Emmett Holt, Jr., chief of children's medicine, Bellevue Hospital.

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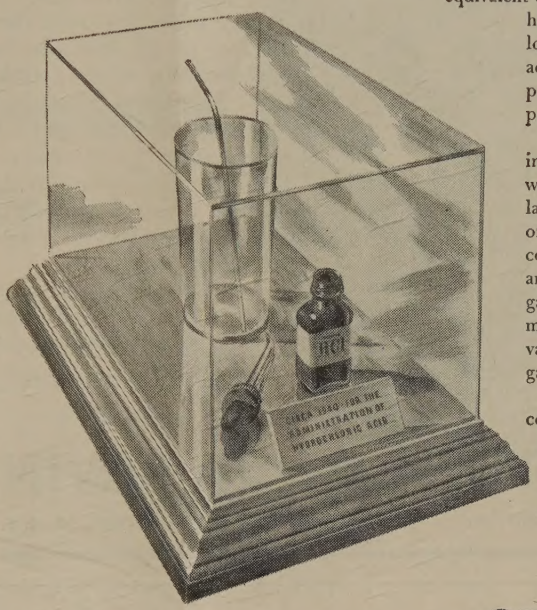

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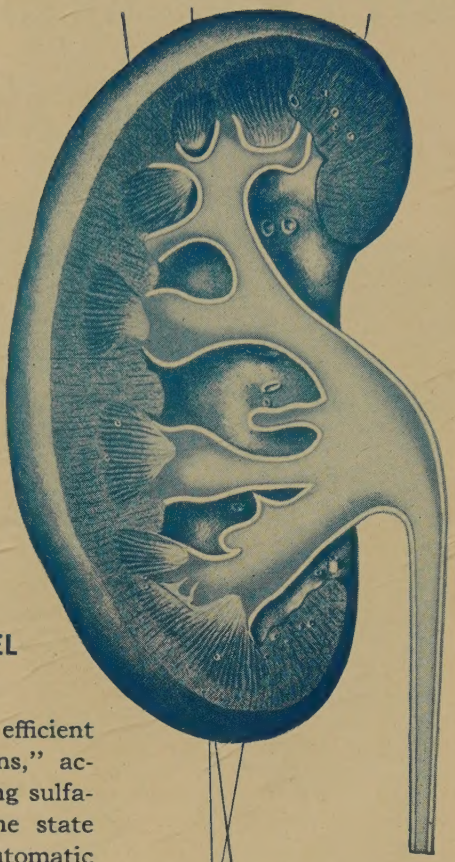

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